



# Boy's Fall In-Town Pee Wee Lacrosse

Expose your "Little Warrior" to America's first and fastest growing sport. These three sessions are designed to teach boys the fundamentals of this fast-paced and exciting game. In addition, this program also stresses the importance of teamwork and good sportsmanship. This is a non-contact program and no equipment is necessary. Participants are only required bring with them a lacrosse stick and a desire to have fun.

**For:** Bridgewater-Raritan Residents – **Boys** ages 3 years old thru Kindergarten

**When:** Sundays, September 21, 28 and October 5, 2014 from 4:00 to 5:00pm  
*In case of inclement weather, the makeup date will be October 12, 2014*

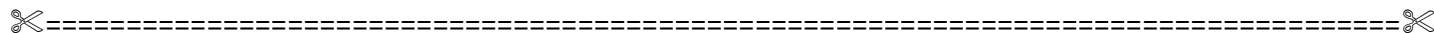
**Where:** Bridgewater-Raritan Middle School (BRMS)

**Cost:** \$50.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick **or** \$30.00 for participants who already own a stick. Checks made payable to "Bridgewater Lacrosse Inc."

For more information contact Aaron Kurdyla at [aaronkurdyla@bridgewaterlacrosse.com](mailto:aaronkurdyla@bridgewaterlacrosse.com) or check out our website at: [www.bridgewaterlacrosse.com](http://www.bridgewaterlacrosse.com).

⇒ **Registration Deadline:** Friday, September 5, 2014 ⇐  
by 5:00pm at the Recreation Department

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)



## 2014 Fall Boy's Pee Wee Lacrosse

\$50.00 if purchasing stick or \$30.00 checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____	First Name: _____
Mailing Address: _____	Town: _____ Zip: _____
Home Phone #: (     ) _____	Parent Cell #: (     ) _____
Parent's First & Last Name: _____	Child's Date of Birth: _____ Child's age as of 9/2014: _____
Parent's E-mail Address: _____	Child's Circle _____
	Grade as of 9/2014: _____ Need Stick: Yes or No

(Please print neatly)

If participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.  
☐ Yes, I will need to be notified regarding special considerations for my child.

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants, nor does Bridgewater Lacrosse require that each participant be a member of US lacrosse which provides supplementary insurance. Each participant needs to be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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